

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **9621**

APR 12 1940
Registration District No. **399**

Primary Registration District No. **1002**

Registrar's No. **1055**

1. PLACE OF DEATH:

(a) County **Jackson**
(b) City or town **Kansas City**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **Kaw Township 2704 E 24th St**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **20 years** (Specify whether years, months or days)
In this community **20 years**

3. (a) PRINT

FULL NAME **Dorothy Belton**

3. (b) If veteran, name war **—** 3. (c) Social Security No. **—**

4. Sex **Female** 5. Color or race **Colored** 6. (a) Single, widowed, married, divorced **Widow**

6. (b) Name of husband or wife **—** 6. (c) Age of husband or wife if alive **—** years

7. Birth date of deceased **Aug 18 - 1907**
(Month) (Day) (Year)

8. AGE: Years **32** Months **7** Days **15** If less than one day hr. min.

9. Birthplace **K City Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **Garb Dresser**

11. Industry or business **—**

12. Name **Wm. Christian**

13. Birthplace **Kansas City Missouri**
(City, town, or county) (State or foreign country)

14. Maiden name **Georgia Ross**

15. Birthplace **Columbia Missouri**
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature **Mrs. Georgia Ross**

(b) Address **2704 E-24th St Terrace**

17. (a) **Burial** (b) Date thereof **3-7-40**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Highland**

18. (a) Signature of funeral director **E. B. Moore**

(b) Address **18th St**

19. (a) **MCH 7, 1940** (b) **M. H. Brown**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Jackson**
(c) City or town **Kansas City Mo.**
(If outside city or town limits, write "RURAL")
(d) Street No. **2704 East 24th St Terrace**
(If rural, give location)
(e) If foreign born, how long in U. S. A. **—** years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **March** day **3rd**
year **1940** hour **5.30** minute **—** P. M.

21. I hereby certify that I attended the deceased from **March 3**
1940 to **March 3**, **1940**
that I last saw him alive on **March 3**, **1940**
and that death occurred on the date and hour stated above.

Immediate cause of death **Intestinal obstruction** Duration **2 days**

Due to **Pelvic Fibroid tumor** **known**
non-malignant

Due to **—**

Other conditions **17210**
(Include pregnancy within 3 months of death)

Major findings:
Of operations **—**

Of autopsy **—**

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) **—**

(b) Date of occurrence **—**

(c) Where did injury occur? **—** (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? **—**

While at work? **—** (Specify type of place) (e) Means of injury **—**

23. Signature **M. C. Lewis** (M. D. or other) **—**

Address **222 Lincoln Bldg** Date signed **3/9/40**

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

AB Moore, Registered Apprentice No. _____
working under my personal supervision.

Signed _____

Licensed Embalmer No. 2410

P. O. Address 1820 E 18th

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.